Combined Operational
Aeromedical/Environmental Problems Course 99

NON-Resident ARMS Inspector (NRAI) Training

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NRAI Training

AVIATION RESOURCE MANAGEMENT

SURVEY EVALUATOR'S GUIDE

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Appendix I

“Aviation Medicine”

NRAI Training

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Section A, Flight Surgeon

1. Assigned flight surgeons (FSs) and aeromedical physician's assistants (APAs) are on flight status with valid, appropriately issued orders and are meeting flight time requirements.
(AR 600-105, para 3-9, para a)

EC. 1) Are ACIP orders (HDIP for APAs) in IFRF. 2) Are FS Badge Authorization orders (Medic Badge Authorization orders for APAs) in their IFRF. 3) Is FS meeting annual flight time requirement (48/10n or 24/4). Is APA meeting his flight pay requirements, 4 hours/month active duty or 2 hours/month for Reserve

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Section A, Flight Surgeon

2. The flight surgeon will participate in the unit safety program with the Aviation Safety Officer (ASO).
(AR 40-8, para 3,c)

EC. 1) Is FS designated on orders as a quarterly safety council member. 2) Is FS participating in 70% of the meetings or least reviewing the minutes. Must get as go on both questions for SAT. (Even if no FS assigned someone must do)

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Section A, Flight Surgeon

3. The flight surgeon conducts post accident and/or post mishap examinations of those involved before they return to flying duties.
(AR 40-501, para 6-11,b,(2) DA Form 4186)

EC. The mechanism is the DA Form 4186. If determined an individual was involved look for an "after aircraft mishap" 4186 in the IFRF or HREC. If there is no 4186 you can sometimes cross-walk a SF 600 to prove the individual completed the eval. No DA Form 4186 for class

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Section A, Flight Surgeon

4. Flight surgeon has access to a current regulation reference library, including current Aeromedical Policy Letters and Aeromedical Technical Bulletins. (HSC Pam 40-7-25, Appendix A)

EC. Rate as an **observation** only. Worse case is satisfactory with comment. References: CDROM, Web Sites (USAPA.ARMY.MIL), and Hospital Library.

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Section A, Flight Surgeon

5. Is the flight surgeon granting extensions to flight duty medical exams IAW AR 40-501, para 6-11,i.

EC. FS can grant a one time, one calendar month extension immediately following the individual's birthmonth. >1 extension or >1 month is UNSAT.

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Section A, Flight Surgeon

6. The flight surgeon assists and monitors the fitting, use, serviceability, and inspections of personal/aircraft aviation life support equipment. (AR 95-1, para 8-1,g)

EC. ALSE tech should have a sign-in roster to verify participation in the program. Involvement will vary from FS to FS depending on their individual knowledge of ALSE. Management of Class VIII supplies is a good place to start. FS will visit qtrly. No documentation of FS visit (70% rule) question

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Section A, Flight Surgeon

7. The flight surgeon serves as the aviation medicine advisor to develop policies and procedures for conducting patient movement aboard medical evacuation aircraft. (HSC Pam 40-7-18, para 6,c,(2))

EC. Participation may be in the form of written guidance to physically providing assistance. Yes is SAT.

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Section B, Records

1. Individual flight records contain a properly completed medical clearance for flying or medical restriction from flying IAW AR 40-501, para 6-11,a,b,d.

EC. IFRF contains a DA form 4186 filled out correctly, as listed in sub-para a,b,d. FS recommends perm DQ for med conditions expected to last over 12 months. If anyone flew on an expired FDME UNSAT, use 70% rule for form maintenance.

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Section B, Records

2. DA Form 4186 for returning an aviator to flying duty, when issued by an APA or non-flight surgeon, is only accomplished when a flight surgeon is not readily available, and the DA Form 4186 properly annotates the flight surgeon giving the verbal/telephonic approval IAW AR 40-501, para 6-11,j.

EC. If no co-signature on form (4186) or statement indicating a voco was obtained then UNSAT. Soldier must be seen immediately to obtain an appropriate clearance

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Section B, Records

3. Individual flight records contain medical waivers as applicable. (AR 95-1, para 2-8,b)

EC. AR 95-1 requires IFRFs maintained IAW FM 1-300. FM 1-300, para 7-4,b,(2),(b) requires waivers to be posted to the IFRF. Use 70% rule.

NRAI Training

Section C, Procedures

1. There are established procedures whereby the flight surgeon will keep the aviation unit commander informed of the health of the command and recommend flight restrictions. Is the DA Form 4186 routed and processed appropriately. (AR 40-8, para 3,c & AR 40-501, para 6-11,d)

EC. The primary mechanism is the DA Form 4186 which communicates FFD or DNIF. Other service forms are acceptable provided the unit cdr approves and signs the form. FS advises cdr when service member is or is not fit for full flight duty (FFD). Does the current distribution system get the DA Form 4186 to the commander in a timely manner (within 30 days). If no mechanism

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Section C, Procedures

2. The crewmember continuing education program includes the following Aeromedical effects:
(AR 385-95, para 1-6,f,(8) & FM 1-301)

Does the FS or unit (safety, stds, tng) have documentation of classes listed in FM 1-301, Append A, para d. Use 70% rule on the classes. Classes listed below are from new FM, either is ok.

a. Altitude Physiology

b. Spatial Disorientation

f. Stress & Fatigue

g. Protective Equipment

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Section C, Procedures

3. Non-operational aviators are completing the annual flight physical. (AR 600-105, para 3-1,c)

EC. When reviewing their IFRFs determine if they have completed their FDME. Cross-walk in HREC as necessary. Use the 70% rule to determine UNSAT.

NRAI Training

Section D, Accident Investigations

1. The medical portion of the pre-accident plan provides the flight surgeon an opportunity to fulfill his responsibilities regarding aircraft accident investigation. (AR 385-95, para 1-6,f,(5))

EC. Is there a medical section to the pre-accident plan. No medical section is UNSAT. The contents of the medical section can vary. Appendix C-15 provides a starting point for the FS as he/she develops it. Does the plan fit the situation/unit.

NRAI Training

Section D, Accident Investigations

2. The medical portion of the pre-accident plan provides for notification and transportation of medical photographers, medical examiners, pathologists, and physicians for professional support in the local flying area in the event of an off post mishap.
(AR 40-21, para 3,b)

Hospital/MTF Cdr responsibility to provide personnel. EC. Does the FS know who to call for specialized support. Is there an MOU with the hospital to provide the support (Senior FS will coordinate). Does pre-accident plan

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Section D, Accident Investigations

3. The flight surgeon understands his/her role in accident investigations. He/she is also aware of the procedural and administrative requirements necessary to complete the investigation. (DA Pam 385-95, para 2-1,c,(4))

EC. During FS interview, Ask the following questions:
1) Who has jurisdiction for an accident (pt to map). 2) Does unit/FS participate in crash drills. 3) Does the FS know who to contact for specialized support 4) Does FS have an understanding of what needs to be included in

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Section D, Accident Investigations

4. A flight surgeon is available during duty and non-duty periods. (HSC Pam 40-7-25, para 4,b)

EC. Is there an on-call roster for aeromedical emergencies and where is it posted. Yes is SAT, No is UNSAT.

NRAI Training

Section E, Aeromedical Units

1. Is the unit performing mission support requirements within the scope of their MTOE/TDA manning and equipment authorization? (AR 40-535, para 1,b)

EC. 1) Is unit performing MEDEVAC support. 2) Are post non-medical assets routinely used to transport patients. If MEDEVAC not supporting or non-medical assets are used for other than life, limb, or serious complication resulting in loss of function then UNSAT. Comment any time other than medical asset are used to transport patients.

NRAI Training

Section E, Aeromedical Units

2. Aeromedical evacuation crewmembers are school trained/AOC & MOS qualified. (AR 611-101, para 1-23,e,(2); para 3-5,a; and HSC Pam 40-7-18, para 8,e)

EC. 1) 67J vs 15A, must be a 67J. This is USR related, if they have 15As on-hand then should have a decrement to the PERS rating. 2) Is senior flight medic NREMT and a FMAC graduate. Be careful in determining the senior medic. No to either is UNSAT.

NRAI Training

Section E, Aeromedical Units

3. Are tasks the commander determines essential to METL accomplishment, but not listed in the ATM, designated as additional tasks and listed separately. (TC 1-210, para 3-1,c)

EC. 1) Are 3000 series tasks identified by the unit commander. 2) Are tasks related to the unit METL. 3) Do the tasks have a task, condition, and standard in the SOP, reading file, or IATF. No to any is UNSAT. Survey Cdr, is their anything that would prohibit them from conducting their wartime mission, comment as necessary.

NRAI Training

Section E, Aeromedical Units

4. Does the flight surgeon/C,EMS physician participate in the flight medic training program and review care delivered by air ambulance personnel? (HSC Pam 40-7-18, para 6,c,(1))

EC. 1) Does FS or the Chief, Emergency Medical Services (EMS) review scope of practice and training of flight medics. 2) Does C,EMS or FS review military run-sheets. No to either of these questions is UNSAT.

NRAI Training

Section E, Aeromedical Units

5. Does the unit have proper documentation to support a MAST or SOFA type mission? Does the flight surgeon review aeromedical evacuation and MAST/SOFA missions for Quality Assurance? (AR 500-4, para 1-9 & HSC Pam 40-7-18, para 6,c,(8))

EC. 1) Is the MAST/SOFA agreement current (w/in 2 yrs). 2) Are mission statistics forwarded to DA. 3) Is unit fulfilling it's training obligation to agencies supported (EMS, Police, Firefighter, HPD). 4) Does either the FS or Chief EMS review patient run-sheets quarterly.

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Section E, Aeromedical Units

6. Unit SOP addresses biohazards and blood borne pathogens.(OSHA 1910.1030)

EC. 1) Does the unit have a policy. 2) Does it include immunizations. 3) Is policy approved by the FS or C,EMS. No Army ref
OBSERVATION only.

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Section F, Aviation Medicine Clinic/MTF

1. Aviation Medicine Clinic operations, including Sick Call and FDME appointments are tailored to support the aviation community. (HSC Pam 40-7-25, para 4,d, & e)

EC. If you think its UNSAT be sure you have overwhelming evidence (i.e. took 4 hrs to be seen during sickcall) Interview personnel in the waiting room of the clinic, personnel who use the clinic, commanders of personnel who use the clinic. Ask them about service & availability.

NRAI Training

Section F, Aviation Medicine Clinic/MTF

2. Health records of aviation personnel are maintained by appropriate personnel and separated from other medical records. (HSC Pam 40-7-25, para 6,e)

EC. Appropriate personnel IAW AR 40-66, para 5-26. Flight status records have divider between the non-flight status records. No to either is UNSAT.

NRAI Training

Section F, Aviation Medicine Clinic/MTF

3. Individual medical records contain a properly completed medical clearance for flying or medical restriction from flying. (AR 40-66, para 5-19 & Fig 5-1/2)

EC. A DA Form 4186 is required to be filed in the HREC. Use the 70% rule, less than 70% = UNSAT.

NRAI Training

Section F, Aviation Medicine Clinic/MTF

4. Individual medical records contain a properly completed medical waivers as applicable.
(AR 40-66, Fig 5-1/2)

EC. Is copy of waiver in HREC. Use the 70% rule, less than 70% = UNSAT.

NRAI Training

Section F, Aviation Medicine Clinic/MTF

5. Are aviator health records (HRECs) incorporated into the Hospital/MTF HREC quality assurance program. (HSC Pam 40-7-25, para 5,h)

EC. Are aviation personnel's HRECs included in the hospital/MTF QA program. Yes=SAT.

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Section F, Aviation Medicine Clinic/MTF

6. The FS's office will retain a copy of the FDME and all enclosures for a minimum of two years.
(AR 40-501, para 6-10,c & d)

EC. Does FS office/physical exam section maintain a copy of the FDME and all enclosures for 2 years. Yes is SAT. A suspense drawer will help to facilitate.

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Section F, Aviation Medicine Clinic/MTF

7. Is there a method to track flight physicals from initiation through submission to Ft Rucker/ Regional Flight Surgeon and return to clinic/unit and then properly posted into the medical records. (NKR)

EC. Rate as an **observation** only. Worse case is satisfactory with comment. A data base tracking program is the management tool required to adequately manage the physicals.

NRAI Training

Section G, Higher Headquarters

1. MTF Commanders, Command Surgeons, and Aviation Unit Commanders will implement the Army Aviation Medicine Program at the local level. (AR 40-501, para 6-4,c)

EC. To accomplish the aviation medicine program is there adequate resources available: Trained Personnel & Time. Commanders are responsible for quality aviation medicine services just as they are for quality surgery or outpatient services. If no FS designated to support the unit then UNSAT.

NRAI Training

Section G, Higher Headquarters

2. A policy exists which automatically recommends grounding all aviation personnel treated in an emergency room, specialty clinic/office (including dental clinics), or admitted to a medical treatment facility, sick in quarters (except rated aviators not performing operational flying duty), or entered into a drug or alcohol rehabilitation program, until the individual is cleared by the flight surgeon. (HSC Pam 40-7-25, para 5,a,(7))

Hospital/MTF Commander responsibility. EC. Is there a policy in place. Determine if policy is in place by interviewing aviation personnel, FS, and/or visiting the hospital. No policy is UNSAT. The most

NRAI Training

Section G, Higher Headquarters

3. The flight surgeon provides primary care to aviators in an area adequate for aviator care, provided by the MTF commander. (HSC Pam 40-7-25, para 5,a,(2) & para 6,d)

EC. To accomplish the aviation medicine program does MTF Commander support the aviation medicine clinic in providing adequate equipment and space to meet their requirements. Exam rooms, proper lighting, the right equipment and proximity to aviation operations.

NRAI Training

Section G, Higher Headquarters

4. The authorized number of flight surgeons are assigned IAW AR 616-110, para 11, a & b.

EC. Are authorized FS on-hand. Yes is SAT.